



The Check-Up

Iowa Department of Public Health

The Check-Up is a health care reform newsletter designed to keep interested Iowans up to date on the progress of health reform initiatives. The Check-Up features updates on activities of the Iowa Department of Public Health's (IDPH) Office of Health Care Transformation (OHCT) and partners. The OHCT is a key point-of-contact for health care transformation initiatives within IDPH including State Innovation Model, Accountable Care Organizations, Health Insurance Marketplace, care coordination, social determinants of health, and Patient-Centered Medical Homes. The OHCT monitors federal health care issues and disseminates the key information, opportunities, and impacts to the public and other partners- internal and external to IDPH.

**November
2016**

IDPH Websites

[Office of Health Care Transformation](#)

[Patient-Centered Health Advisory Council](#)

[State Innovation Model](#)

DHS Websites

[State Innovation Model](#)

[IA Health Link](#)

[Medicaid Modernization](#)

[Iowa Health and Wellness Plan](#)

Patient-Centered Health Advisory Council

The Patient-Centered Health Advisory Council last met on Friday, August 12th at the Polk County River Place from 9:00-3:00. Agenda items included Medicare Access & CHIP Reauthorization Act of 2015 (MACRA), Iowa Medicaid Modernization, updates from the three Managed Care Organizations, Iowa Medical Society presentation on Physician Workforce Distribution in Iowa, Healthy Iowans/Community Health Needs Assessment and Health Improvement Plan (CHNA & HIP), and Office of the State Long-Term Care Ombudsman Data. The meeting materials can be accessed below:

- [Agenda](#)
- [Minutes](#)
- [2016 July Managed Care Ombudsman Program Report](#)
- [2016 July Managed Care Program Cover Letter](#)
- [2016 Quarter 1 Managed Care Ombudsman Quarterly Report](#)
- [Amerigroup PPT](#)
- [Healthy Iowans PPT](#)
- [Physician Workforce Distribution in Iowa- IMS PPT](#)
- [Radical Redesign-MACRA- Tom Evans PPT](#)

Meeting Schedule

- **Friday, November 4, 2016- Iowa Hospital Association**
- **Friday, February 10, 2017- Polk County River Place**
- **Friday, May 19, 2017- TBD**
- **Friday, August 11, 2017- Polk County River Place**
- **Friday, November 3, 2017- Polk County River Place**

The next meeting was on Friday, November 4 at the [Iowa Hospital Association](#) from 9:30-3:00. Agenda items include the Iowa Medical Assistance Advisory Council (MAAC), New Dental Wellness Plan Provider- MCNA Dental, Health in All Policies, Addressing Social Determinants of Health in the Pediatric Population, Iowa Primary Care Association's work on Social Determinants of Health, Community Health Workers, and Healthy Homes Des Moines.

- ❖ The Council developed a [Population-Based Health Care Issue Brief](#) as an educational tool for the public and stakeholders as an emerging health care transformation topic.

Social Determinants of Health Showcase

Social determinants of health (SDH) have become an emerging issue in numerous different initiatives across the country and in Iowa. Therefore, SDH will be a featured piece in each Check-Up. The chart below shows the importance of SDH on health status.



Source: McGinnis et al, 2002

Medicare Access & CHIP Reauthorization Act of 2015 (MACRA)

MACRA is the [Medicare Access & CHIP Reauthorization Act of 2015](#) which includes MIPS (Merit-Based Incentive Payment System) and Alternative Payment Models (APMs). This is bipartisan legislation that was signed into law in April 2015 and represents the federal government's move to pay-for-performance. MACRA permanently repeals the 1997 Sustainable Growth Rate (SGR) formula. Under MACRA, physicians must choose between the two value-based payment tracks:

- **Merit-Based Incentive Payment System (MIPS)** which is a new program effective January 1, 2019 that combines parts of the [Physician Quality Reporting System](#) (PQRS), the [Value Modifier](#) (VM or [Value-based Payment Modifier](#)), and the [Medicare Electronic Health Record](#) (EHR) incentive program into one single program in which [Eligible Professionals \(EPs\)](#) will be measured on quality, resource use, clinical practice improvement, and meaningful use of certified EHR technology.
- **Alternative Payment Models (APM)** are new approaches to paying for medical care through Medicare that incentivize quality and value which include CMS Innovation Center Model, Medicare Shared Savings Program (MSSP- there is one in Fort Dodge), and Demonstrations under the Health Care Quality Demonstration Program.

Clinicians who are not affected include those in the first year of Medicare Part B, those with less than 100 patients, and certain participants in eligible Alternative Payment Models. Payment under MIPS will be based on performance in years 2017 and 2018 with payment beginning in 2019.

Iowa Medicaid Managed Care Monthly & Quarterly Reports

Performance monitoring and data analysis are critical components in assessing how well the managed care organizations (MCO) are maintaining and improving the quality of care delivered to members. DHS examines the data from a compliance perspective and conducts further analysis if any issues are identified.

Quarterly Reports

The quarterly reports, with a number of elements required through oversight legislation, are comprehensive and focus on compliance areas, as well as health outcomes over time. While there are specific performance standards in the contract for a limited set of items, not all data reported is directly linked to a contractual requirement. Items which do have contractual requirements are indicated in the reports. Below is the Quarter 1 Report:

- [Medicaid Managed Care, Year 1: Quarter 1](#)

For more information visit <https://dhs.iowa.gov/ime/about/performance-data/MC-quarterly-reports>

Monthly Reports

The monthly data reports are a snapshot of information about major contract compliance areas and member enrollment. DHS examines the data from a compliance perspective and conducts further analysis if any issues are identified. Below is August's Monthly Report.

- [Medicaid Managed Care, August 2016](#)

For more information and to find archived monthly reports visit <https://dhs.iowa.gov/ime/about/performance-data/MC-monthly-reports>

IA Health Link 2016 Public Comment Meetings

The Iowa Department of Human Services is holding public comment meetings to gather input on the IA Health Link managed care program. Meetings will be held once per month in varying locations throughout Iowa. Each meeting will be scheduled for two hours, held in the afternoon to allow for public transportation availability, and held at the end of the work day. Meetings will open with a brief introduction from DHS staff attending each meeting. The introduction will include a 10-minute update and overview of the IA Health Link program, initiative goals, and relevant information updates given by DHS. Summaries of each public meeting can be found here: <https://dhs.iowa.gov/iahealthlink/IHL-Public-Comment-Meetings>

For more information visit <https://dhs.iowa.gov/iahealthlink/IHL-Public-Comment-Meetings>

New MAAC Oversight Responsibilities

The Medical Assistance Advisory Council (MAAC) has been in existence since the Medicaid program began. The purpose of MAAC is to oversee and monitor the Medicaid program and to advise the Director of DHS about health and medical care services under the medical assistance program. The Council is mandated by federal law and further established in Iowa Code. The Director of the Iowa Department of Public Health is the Chair of MAAC. This past legislative session the role of the MAAC was enhanced. Some of the changes include the addition of 10 publicly appointed members and the creation of a co-chair who will be a public representative. An Executive Committee, whose members are appointed by the full Council, provides guidance to the group and makes recommendations. All MAAC meetings are open to the public.

For more information and meeting dates visit https://dhs.iowa.gov/ime/about/advisory_groups/maac.

Iowa Council on Human Services

The Iowa Council on Human Services is created within DHS and acts in a policymaking and advisory capacity on matters within the jurisdiction of DHS. For a full description of the Iowa Council on Human Services click here: [duties and legal authority](#). All Iowa Council on Human Services meetings are open to the public.

For more information and meeting dates visit <http://dhs.iowa.gov/about/dhs-council>.

Managed Care Ombudsman Program

The Office of the State Long-Term Care Ombudsman developed and currently administers the Managed Care Ombudsman Program. The Managed Care Ombudsman Program advocates for the rights and needs of Medicaid managed care members who live or receive care in a health care facility, assisted living program or elder group home, as well as members enrolled in one of Medicaid's seven home and community-based services waiver programs:

- AIDS/HIV
- Brain Injury
- Children's Mental Health
- Elderly
- Health and Disability
- Intellectual Disability
- Physical Disability

Approximately 57,000 Medicaid managed care members in Iowa are included within this scope. The Managed Care Ombudsman Program provides education and information regarding member rights, advocacy and complaint resolution, and appeals assistance.

The Managed Care Ombudsman Program develops monthly and quarterly reports which can be accessed below:

- [2016 July Managed Care Program Cover Letter](#)
- [2016 July Managed Care Ombudsman Program Report](#)
- [2016 Quarter 1 Managed Care Ombudsman Program Quarterly Report](#)

For more information visit: <https://www.iowaaging.gov/long-term-care-ombudsman/managed-care-ombudsman>

Health Insurance Marketplace Reinsurance Program Expiring

The Affordable Care Act included a temporary 3-year reinsurance provision, which only extends through 2016. This provision protected insurers against premium increases on the individual health insurance market by offsetting the expenses of people who require more expensive health care services. Insurers pay into the reinsurance pool, and those funds are then paid out to health plans that had members with extremely high medical claims. Health insurers who sold plans on the Health Insurance Marketplace in 2015 and enrolled high-cost members could receive as much as \$7.7 billion this year. The phasing out of the reinsurance program is part of the reason insurance will be more expensive in 2017.¹ See the following issue brief for more information about risk adjustment and reinsurance on the Marketplace: <http://files.kff.org/attachment/Issue-Brief-Explaining-Health-Care-Reform-Risk-Adjustment-Reinsurance-and-Risk-Corridors>

Additionally, a new analysis from Avalere finds that nearly 36 percent of the country may have only one participating insurance carrier offering plans for the 2017 plan year and there may be some counties where no plans are available.²

1. <http://www.modernhealthcare.com/article/20160212/NEWS/160219952>
2. <http://avalere.com/expertise/life-sciences/insights/experts-predict-sharp-decline-in-competition-across-the-aca-exchanges>

Health Insurance Marketplace 2017 Open Enrollment Period

Open Enrollment for 2017 runs from November 1, 2016 to January 31, 2017.

People may qualify for Special Enrollment Periods allowing them to enroll outside of Open Enrollment if they have certain life events, like getting married, having a baby, or losing other coverage. To determine if someone qualifies for a Special Enrollment Period, visit this screening tool: www.healthcare.gov/screener/marketplace.html

There is no enrollment period for any Medicaid program. Individuals can continue to apply for Medicaid and *hawk-i* through Iowa DHS by visiting <https://dhsservices.iowa.gov> or calling the DHS Contact Center at 1-855-889-7985.

Wellmark Blue Cross and Blue Shield- Iowa Updates

Wellmark Blue Cross and Blue Shield announced that it will make changes in the individual Affordable Care Act (ACA) market in Iowa. Wellmark will narrow its product choices to offer plans that are lower priced and encourage health care delivery by Iowa providers. Specifically, Wellmark will no longer offer gold tier plans nor will the company promote individual under 65 plans that use its Preferred Provider Organization (PPO) network in Iowa. Individual ACA members with a silver or bronze PPO plan today may continue on that plan for 2017. The announced changes do not affect people with grandfathered or grandmothered plans (those that generally purchased their individual plans prior to January 1, 2014). It also does not affect members with plans through their employer or those with Medicare supplement plans.

Wellmark will also continue its plans to:

- Introduce a new, simplified HMO plan called Blue SimplicitySM. This plan is like no other on the market today and is designed to help consumers understand the true value of care through simple copay plans – providing members with transparency and predictability of cost as they seek and use medical services.
- Debut two new health insurance companies – Wellmark Value Health Plan (with Mercy Health Network) and Wellmark Synergy Health (with University of Iowa Health System). These new plans are a result of relationships with provider partners who are committed to managing the care of Wellmark members.
- Participate on the public exchange. Wellmark Value Health Plan and Wellmark Synergy Health will offer individual ACA plans both on and off the public exchange in a total of 40 Iowa counties, providing access to subsidies and cost share reductions to many Iowans when they purchase a plan on the exchange.

Source: <https://www.wellmark.com/about/newsroom/2016/09/28/wellmark-announces-individual-aca-market-changes-in-iowa-and-south-dakota>

Healthy Iowans- What are Iowa's Top Health Issues?

The following [infographic](#) shows the top health issues identified in the 2016 Iowa state health assessment process. The assessment included input from all 99 Iowa counties, via local Community Health Needs Assessments coordinated by local public health agencies, and recommendations submitted by statewide organizations, advisory bodies, state agencies, and individual Iowans. In addition, more than 1,000 indicators from multiple national sources were analyzed to gauge Iowa's performance relative to other states. Finally, Iowa's progress on the current Healthy Iowans plan and information from the 2015 State Health Profile for Iowa was used to identify additional areas of need and population trends that may affect Iowa over the next five years.



2016 Top Health Issues in Iowa*

- Health Equity & the Social Determinants of Health
- Life Course
- Health System Improvement & Evidence-Based Decision Making



* Based on Iowa's State Health Assessment coordinated by the Iowa Department of Public Health, Bureau of Planning Services. The size of text represents the number of counties that mentioned the issue in their Community Health Needs Assessment (CHNA) & the number of times the issue was identified as a priority by statewide committees, organizations, or state agencies.